

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/519783

AFFILIANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51						
2		1				1	52						
3							53						
4		3				3	54						
5	1	3				3	55						
6		3				3	56						
7		3				3	57						
8		3				3	58						
9		1				1	59						
10		1				1	60						
11		1				1	61						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓	1	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	←		←	20	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	19				21		TOTAL CLAIMS						

PTO-1360 (REV. 9/03)

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